



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

Evaluation for Social Work Licensure

Evaluation Period: Twelve Months _____ Twenty-four Months _____ Other _____ Termination _____

Supervisee: _____ License #: _____ SSN _____

Supervisor: _____ License #: _____ SSN _____

Dates of Supervision: From: _____ to _____
Month/Day/Year Month/Day/Year

Average monthly supervision hours: _____ Total hours: _____

Practice Supervised: Clinical _____ Casework _____ Adm. _____ Comm. Org. _____ Research _____

Reason for termination, if applicable: _____

Please rate the licensee on the following practice characteristics. Place a mark in every category.

CHARACTERISTICS	SATISFACTORY	UNSATISFACTORY	N/A
Individual Counseling Skills			
Appropriate Referral Making			
Group Counseling Skills			
Personal Integrity			
Consulting Skills			
Insight Into Client's Problems			
Ability to Work with Co-Workers			
Ability to Relate to Co-Workers			
Ability to be Objective on the Job			
Ethical Conduct			
Concern for the Welfare of Clients			
Sense of Responsibility			
Recognition of Own Limits			
Ability to Keep Material Confidential			

Explain any rating of "Unsatisfactory" and any additional comments on a separate sheet and attach to this form.

Signature of Supervisor: _____ Date: _____

This Evaluation has been discussed with me and I have received a copy of it.

Signature of Supervisee: _____ Date: _____

The original of this form must be mailed to:

Alabama State Board of Social Work Examiners
PO BOX 301620
Montgomery AL 36130-1620